

| 1. DATE ISSUED: 10/05/2009 | 2. PROGRAM CFDA: 93.414 | DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) American Recovery and Reinvestment Act of 2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|---|------------------------|------------------------|--------------------------------|--|---|----------------------|---|---------------------|--|----------------|---------|------------|---------|--|---------|-----------|-----------|----------------------------------|---------|------------------------------|---------|----------------------|---------|------------------------------|---------|--------------------|---------|------------------------|---------------------|--|--------------------|---------------------------|---------------------|--------------------------------|---------|--------------------|--------------|---|--|--|--|---------------------|---|--|-------------------------|---------|------------|---------|--|---------|--|--------------|---|----------------|
| 3. SUPERCEDES AWARD NOTICE dated: 09/18/2009 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. AWARD NO.: 6 U6AHP16595-01-03 | 4b. GRANT NO.: U6AHP16595 | | | | | 5. FORMER GRANT NO.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. PROJECT PERIOD: FROM: 09/30/2009 THROUGH: 09/29/2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. BUDGET PERIOD: FROM: 09/30/2009 THROUGH: 09/29/2010 | | 8. TITLE OF PROJECT (OR PROGRAM): ARRA - State Primary Care Offices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. GRANTEE NAME AND ADDRESS: ILLINOIS DEPARTMENT OF PUBLIC HEALTH 535 W Jefferson St Springfield, IL 62702-5076 | | | | | | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Julie Casper ILLINOIS DEPARTMENT OF PUBLIC HEALTH 535 W Jefferson St Springfield, IL 62702-5013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation <hr/> <table style="width: 100%;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$ 24,813.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$ 14,501.71</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$ 39,314.71</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$ 111.29</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$ 39,426.00</td></tr> <tr><td>p. INDIRECT COSTS: (Rate: % of S&W/TADC)</td><td style="text-align: right;">\$ 8,994.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$ 48,420.00</td></tr> <tr><td> i. Less Non-Federal Resources:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$ 48,420.00</td></tr> </table> | | a. Salaries and Wages: | \$ 24,813.00 | b. Fringe Benefits: | \$ 14,501.71 | c. Total Personnel Costs: | \$ 39,314.71 | d. Consultant Costs: | \$ 0.00 | e. Equipment: | \$ 0.00 | f. Supplies: | \$ 0.00 | g. Travel: | \$ 0.00 | h. Construction/Alteration and Renovation: | \$ 0.00 | i. Other: | \$ 111.29 | j. Consortium/Contractual Costs: | \$ 0.00 | k. Trainee Related Expenses: | \$ 0.00 | l. Trainee Stipends: | \$ 0.00 | m. Trainee Tuition and Fees: | \$ 0.00 | n. Trainee Travel: | \$ 0.00 | o. TOTAL DIRECT COSTS: | \$ 39,426.00 | p. INDIRECT COSTS: (Rate: % of S&W/TADC) | \$ 8,994.00 | q. TOTAL APPROVED BUDGET: | \$ 48,420.00 | i. Less Non-Federal Resources: | \$ 0.00 | ii. Federal Share: | \$ 48,420.00 | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE <table style="width: 100%;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$ 48,420.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$ 48,420.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$ 0.00</td></tr> </table> | | | a. Authorized Financial Assistance This Period | \$ 48,420.00 | b. Less Unobligated Balance from Prior Budget Periods | | i. Additional Authority | \$ 0.00 | ii. Offset | \$ 0.00 | c. Unawarded Balance of Current Year's Funds | \$ 0.00 | d. Less Cumulative Prior Award(s) This Budget Period | \$ 48,420.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$ 0.00 |
| a. Salaries and Wages: | \$ 24,813.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Fringe Benefits: | \$ 14,501.71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Total Personnel Costs: | \$ 39,314.71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Consultant Costs: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Equipment: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Supplies: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Travel: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Construction/Alteration and Renovation: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Other: | \$ 111.29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Consortium/Contractual Costs: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Trainee Related Expenses: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Trainee Stipends: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Trainee Tuition and Fees: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. Trainee Travel: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o. TOTAL DIRECT COSTS: | \$ 39,426.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p. INDIRECT COSTS: (Rate: % of S&W/TADC) | \$ 8,994.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q. TOTAL APPROVED BUDGET: | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Less Non-Federal Resources: | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Federal Share: | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Authorized Financial Assistance This Period | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unobligated Balance from Prior Budget Periods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Additional Authority | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Offset | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Unawarded Balance of Current Year's Funds | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Less Cumulative Prior Award(s) This Budget Period | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th style="width: 80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">02</td> <td style="text-align: right;">\$ 48,420.00</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: right;">\$ 48,420.00</td> </tr> </tbody> </table> | | | YEAR | TOTAL COSTS | 02 | \$ 48,420.00 | 03 | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | YEAR | TOTAL COSTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | \$ 48,420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) <table style="width: 100%;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$ 0.00</td></tr> </table> | | | a. Amount of Direct Assistance | \$ 0.00 | b. Less Unawarded Balance of Current Year's Funds | \$ 0.00 | c. Less Cumulative Prior Awards(s) This Budget Period | \$ 0.00 | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | a. Amount of Direct Assistance | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unawarded Balance of Current Year's Funds | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Less Cumulative Prior Awards(s) This Budget Period | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electronically signed by Theda Duvall, Grants Management Officer on: 10/05/2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. OBJ. CLASS: 41.45 | 18. CRS-EIN: 1376002057B8 | 19. FUTURE RECOMMENDED FUNDING: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUBPROGRAM CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09-3766990 | 93.414 | U6AHP16595RP | \$ 0.00 | \$ 0.00 | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Terms:

1. This revised Notice of Grant Award approves a revised budget to reallocate funds as requested by Julie Casper via email on September 16, 2009.
2. The Indirect Cost Rate is based on 36.7% of salary and wages. The balance of \$.96 is reflected in the "Other" category.

All prior terms and conditions remain in effect unless specifically removed.

NGA Email Address(es):

Gary.T.Robinson@illinois.gov; Julie.Casper@illinois.gov

Note: NGA emailed to these address(es)

Contacts:

Program Contact: For assistance on programmatic issues, please contact James Williams at:
1400-02

BHPr/Shortage Designation Branch

5600 Fishers Ln

Rockville, MD 20852-1750

Phone: (301)594-3817

Email: jswilliams@hrsa.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact LaToya Ferguson at:

5600 Fishers Ln RM 11A-13

Rockville, MD 20857-0001

Phone: (301)443-1440

Email: LFerguson@hrsa.gov

Fax: (301)443-6343

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.